PTO/SB/05 (08-03)
Please type a plus sign (+) inside this box

Approved for use through 07/31/2006. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		1276-4					
First Inventor		Manoj Kumar PARUTHI					
Title	IMPROVED TASTE MASKING PHARMACEUTICAL COMPOSITION AND						

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICA	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents, P. O. Box 1450								
See MPEP chapter 600 cond	nts.	Alexandria, VA 22313-1450							
1. Fee Transmittal F		7. CD-ROM or CD-R in duplicate, large table or							
Applicant claims s		Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission							
See 37 CFR 1.27		(if applicable, all necessary)							
3. Specification (preferred arrangement)		a. Computer Readable Form (CRF)							
- Descriptive title - Cross Reference		b. Specification Sequence Listing on:							
- Statement Reg		i. CD-ROM or CD-R (2 copies); or							
- Reference to se or a computer p		ii.							
- Background of	the Invention		c. Statements verifying identity of above copies						
- Brief Summary - Brief Description	of the Invention on of the Drawings (if filed)		A	CCON	IPANYI	NG A	PPLIC	ATIC	N PARTS
- Detailed Descri			Assignment Papers (cover sheet & document(s))						
- Claim(s) - Abstract of the	Disclosure		10.		CFR 3.73(Power of Attorney
		٦,	11.	_	e <i>n there is</i> Ilish Trans		- '	ent (if s	pplicable)
4 Drawing(s) (35 U	ן ר		== ~	rmation D				Copies of IDS	
5. Oath or Declaration	[Total Pages]]	12.	_	ement (ID	•		L	→ Citations
a. Newly exec		13. Preliminary Amendment							
b. (for continua	a prior application (37 CFR 1.63 (d)) httion/divisional with Box 18 completed)	14. Retum Receipt Postcard (MPEP 503) (Should be specifically itemized)						
	ION OF INVENTOR(S)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
	atement attached deleting inventor(s) the prior application, see 37 CFR		16. Request and Certification under 35 U.S.C. 122						
1.63(d)(2)		""		2)(B)(i). A s equivale		nt must a	attach	form PTO/SB/35	
6. Application Data	Sheet. See 37 CFR 1.76		17. Other: Check for \$1,076.00						
	ICATION, check appropriate box, and	l supply t	he requi	site info	mation b	elow a	nd in a p	relimi	nary amendment,
or in an Application Data Sh									
Continuation	Divisional Continuation-in-part	(CIP)			_		_/		
Prior application information:	ExeminerIONAL APPS only: The entire disclosure	- of the n		Group Art		an oat	h or deci	aration	is supplied under
Box 5b, is considered a part o	f the disclosure of the accompanying co	ontinuatio	n or divi	sional ap	plication	and is I	hereby in	corpo	ated by reference.
The incorporation can only be	relied upon when a portion has been in				ie submitt	eu app	ilcation p	iarts.	
	13. CONTRESI	DNDLING	ADD!	3					
Customer Number or Bar C	ode Label (Insert Customer No. or Att	ach bar coo	e label her	θ)	or		Correspon	dence a	ddress below
Name	Michael E. Carmen								
	DILWORTH & BARRESE, LL	P							
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City	Uniondale	St	ate New York		ork		Zip Code		11553
Country	U.S.A	Teleph	one ((516) 228-8484			Fax		(516) 228-8516
Name (Print/Type)	Michael E. Carmen Registration No. (Attorney/Agent) 43,533					33			
Signature Mild S. March						1	Date	1/27/	
	CERTIFICATION UNDER		8 1 10						

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV333226901US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 27, 2004 Michael E. Carmen PTO/SB/17 (08-03)
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FEE TRANSMITTAI				Application Number								
				Filing Date								
for FY 2003				- 				Manoj Kumar PARUTHI				
Patent fees are subject to annual revision.				First Named Inventor			ILOT 1	vianoj ira				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name								
TOTAL AMOUNT	OF PAYMENT	(\$) 1,076.00		Art Unit				1	276-4			
				Attorney Docket No.				Andre American	Company of the Compan			
METHOD OI	PAYMENT (check	all that apply)		FEE CALCULATION (continued)								
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Deposit Account			Fee	Entity Fee		Fee		Description				
Deposit Account 04-1	121		Code		Code	(\$)		•		Fee Paid		
Number	04-1121				2051	65	Surcharge - late	•				
Account Dilw	Dilworth & Barrese LLP				2052	25	cover sheet	charge - late provisional filing fee or er sheet				
Name ——— The Commissioner is	authorized to: (check a	ill that apply)	1053	130	1053		Non-English spe					
Charge fee(s) indic		dit any overpayments		2,520		2,520	• .	ing a request for ex parte reexamination esting publication of SIR prior to				
Charge any addition	nal fee(s) during the pen	dency of this application	1804	920*	1804	920*	Requesting publi Examiner action	ication of SIF	prior to			
	ated below, except for t	he filing fee	1805	1,840*	1805	1,840*	Requesting pub Examiner action		R after			
to the above-identified deposit account. FEE CALCULATION				110	2251	55	Extension for re	ply within firs	t month			
1. BASIC FILING			1252	420	2252	210	Extension for re	ply within se	cond month			
Large Entity Small E			1253	950	2253	475	Extension for re	ply within thi	rd month			
Fee Fee Fee F Code (\$) Code (ee <u>Fee Description</u>	Fee Paid	1254	1,480	2254	740	Extension for re	ply within for	ırth month			
1001 770 2001	-	[770	1255	2,010	2255	1,005	Extension for re	ply within fift	h month			
1002 340 2002	70 Design filing fe	e 770	1401	330	2401	165	Notice of Appea	al				
1003 530 2003 2	265 Plant filing fee		1402	330	2402	165	Filing a brief in	support of an	appeal			
1004 770 2004 3	Reissue filing f	ee	1403	290	2403	145	Request for ora	l hearing				
1005 160 2005	80 Provisional filin	g fee	1451	1,510	1451	1,510	Petition to institu	ute a public u	se proceeding			
	SUBTOTAL (1)	(\$) 770.00	1452	110	2452	55	Petition to revive	e - unavoidat	ole	<u> </u>		
O EVEDA CLAIM			1453	1,330	2453	665	Petition to reviv	e - unintentio	nal			
2. EXTRA CLAIM	FEES FOR UTILI	Fee from	1	1,330	2501		Utility issue fee	•		<u> </u>		
Total Claims 37	Extra Claims -20** = 17 X	below Fee Paid 18.00 = 306.00	1502		2502		Design issue fe					
Independent 2	-3** = 0 x	= 0.00	1503 1460		2503		Plant issue fee					
Claims 2 - 3 = 0					1460			tions to the Commissioner				
Large Entity Small Entity				50	1807		•	cessing fee under 37 CFR 1.17(q) mission of Information Disclosure Stmt				
Fee Fee Fee	Fee Fee Descri	ption	1806		1806		Recording each					
	e (\$) no Claims in exc	ess of 20	8021	40	8021	40	property (times	number of pr	operties)	\vdash		
4	1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3				2809	385	Filing a submis (37 CFR 1.129)		al rejection			
1203 290 22	03 145 Multiple deper	ndent claim, if not paid	1810	770	2810	385		For each additional invention to be examined (37 CFR 1.129(b))				
1204 86 22)4 43 ** Reissue ind over origina	lependent claims I patent	1801	770	2801	385	Request for Co					
1205 18 22)5 9 ** Reissue cla	ims in excess of 20 ginal patent	1802		1802		Request for exp	edited exam				
' -	O46 -	e fac le	· coie.v		of a design app	olication						
		r fee (sp luced by		Filina F	ee Paid c	SUBTOTAL	(3) (4)					
**or number previo	usly paid, if greater; For				9 '	-3						
SUBMITTED BY		(Complete (if applicable)					in the second se					
Name (Print/Type) Michael E. Carmen				Registration No. (Attorney/Agent) 43,533				Теlерhone (516) 228-8484				
Signature							Date 1/27/04					

CERTIFICATION UNDER 37 C.F.R. §1.10

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Dated: January 27, 2004